

**APPLICATION FOR REVIEW
BUILDING, HVAC, AND COMPONENTS
COMPLETE ALL SIDES**

Department of Community Development
Inspection Services Division
203 South Farwell Street
P. O. Box 5148
Eau Claire, WI 54702-5148
Telephone 715-839-4947 - Fax 715-839-4939

INSTRUCTIONS: Please **TYPE** or **PRINT** clearly. Information on this form is important for providing you with timely and efficient scheduling and review of your project. Incomplete submittal will cause delays in processing and potentially could result in a rescheduling of your review to a later date.

DATE: _____
PLAN NO: _____
SITE PLAN NO: _____
DATE RECEIVED: _____

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m)].

1. After plans are reviewed, please: (check all that apply)

<input type="checkbox"/> Call when completed	Name: _____	Phone #: _____
<input type="checkbox"/> Will pick up		
<input type="checkbox"/> Comments:	_____	

2. Site Information

City of: <u>Eau Claire</u>	County of: <input type="checkbox"/> Eau Claire <input type="checkbox"/> Chippewa					
Address <table style="width: 100%;"><tr><td style="width: 20%;">Street #.</td><td style="width: 30%;">Street</td><td style="width: 10%;">Suite #</td><td style="width: 10%;">Space #</td><td style="width: 30%;">Zip Code</td></tr></table>		Street #.	Street	Suite #	Space #	Zip Code
Street #.	Street	Suite #	Space #	Zip Code		
Land Owner Type (check one) <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private						
Parcel #: _____						
Subdivision Name _____						
Lot _____	Block _____					
Tenant's Name _____						
ATTACH CHECK HERE						

3. Fees Submitted for Review Request

See back page for fee calculations. Provide Total Amount Due in the space provided and attach check.

MAKE CHECKS PAYABLE TO: CITY TREASURER	TOTAL AMOUNT DUE \$ _____
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FURTHER INFORMATION ON REVERSE SIDE →

For Treasury Use #1552

4. Items Submitted for Review

Regulated Objects (former terms) Submitted for Review	Fee	Regulated Object Description
1. Building (<input type="checkbox"/> new <input type="checkbox"/> addition <input type="checkbox"/> alteration <input type="checkbox"/> revision)		
2. HVAC System		
3. Soil Erosion Control		
4. Structural Component		
5. Structure (non-occupied, non-building)		
6. Lighting System		
7. Permission to Start		
Total Fees		← Carry total to front page

5. Regulated Object Type Details Complete information requested where applicable.

Building Number of Floor Levels _____ Number of Stories _____ Total Floor Area _____ sf Footings and Foundation only? <input type="checkbox"/> Yes <input type="checkbox"/> No Occupancy Type (Major Use - Check Use With the Greatest Floor Area) <input type="checkbox"/> A Assembly <input type="checkbox"/> B Business/Office <input type="checkbox"/> E Educational <input type="checkbox"/> F Factory/Industrial <input type="checkbox"/> H Hazardous <input type="checkbox"/> I Institutional/Day Care/CBRF <input type="checkbox"/> M Mercantile/Retail <input type="checkbox"/> R Residential <input type="checkbox"/> S Storage <input type="checkbox"/> U Utility/Misc. (Sub Uses - Check Uses In This Building) <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5 <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> I3 <input type="checkbox"/> I4 <input type="checkbox"/> M <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> U <input type="checkbox"/> CBRF <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Day Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Hotel/Motel/Restaurant <input type="checkbox"/> Public Swimming Pool <input type="checkbox"/> Other <input type="checkbox"/> None		Construction Information Construction Class <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB Sprinklered Type <input type="checkbox"/> Partial <input type="checkbox"/> Complete <input type="checkbox"/> None <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C Component Included with this submittal (check all that apply): <input type="checkbox"/> Precast Concrete <input type="checkbox"/> Wood Truss <input type="checkbox"/> Steel Joist Girder <input type="checkbox"/> Metal Building <input type="checkbox"/> Laminated Wood <input type="checkbox"/> Fire Escape <input type="checkbox"/> Interior Bleacher HVAC Submittal Includes (Check all that apply): <input type="checkbox"/> Grease/Range Hood <input type="checkbox"/> VAV System <input type="checkbox"/> Boilers <input type="checkbox"/> Seasonal Use Dates From _____ to _____ <input type="checkbox"/> Mechanical Refrigeration Over 50 Tons	HVAC Fuel Source <input type="checkbox"/> Oil/LPG <input type="checkbox"/> Gas <input type="checkbox"/> Solid <input type="checkbox"/> Electrical Structure Structure Type <input type="checkbox"/> Antenna Tower <input type="checkbox"/> Tower <input type="checkbox"/> Canopy <input type="checkbox"/> Exterior Bleacher Construction Material (for COMM 62 only) <input type="checkbox"/> Completely Noncombustible <input type="checkbox"/> Combustible <input type="checkbox"/> Partially Noncombustible <input type="checkbox"/> NC-0 <input type="checkbox"/> NC-2 Erosion Control Disturbed Area: _____ acres Site Easements from Others? <input type="checkbox"/> Yes <input type="checkbox"/> No Site ID (or address) of Others Giving Easements: _____ Lighting Light Load in KW Lighting Controls <input type="checkbox"/> Day Lighting <input type="checkbox"/> Shut Off <input type="checkbox"/> Light Reduction <input type="checkbox"/> None
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6. Components Submitted Separate from Building

The department expects, and requires that the project designer review individual component submittal for compliance with the general design concept. The project designer, and department, will reply on the seal of the component designers for compliance with the codes as they apply to their designs.

Original Signature of Building Designer (Component Submittal)	Date Signed	Name of Component Fabricator
_____	_____	_____

7. Permission to start requested

- ☐ As the owner, I request to begin footing and foundation work **PRIOR** to plan review approval. I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction.

Owner's Signature _____

8. Statements of (Owner's, Designer's, and Supervising Professional's signatures required below)

a) OWNERS I request that plans be reviewed for compliance with the code requirements set forth in Chs. COMM 50-64, 66, and 69 of the department. I recognize that I am responsible for compliance with all the code requirements and any conditions of approval. If this building exceeds 50,000 cubic feet in total volume, I will retain as required by S. COMM 50.10, a supervising professional through out construction to project completion and the filing of a Compliance Statement by the supervising professional prior to occupancy.

b) DESIGNERS (COMM 50.07-50.09) If this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect (COMM 50.07(2)). Signatures and seals shall be original. I certify that the submitted plans were prepared under my supervision, are accurate, and to the best of my knowledge comply with the applicable codes of the Division of Safety & Buildings.

c) SUPERVISING PROFESSIONALS (COMM 50.10) I have been retained by the owner as the supervising professional per COMM 50.10 for the performance of the supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the department certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications.

Designer Information (Customer 1)

Individual (or business contact)		
(First)	Middle	Last, (Suffix)
Customer Type (check all that apply)		
<input type="checkbox"/> Owner/Owner's Agent	<input type="checkbox"/> Payer (on check)	
<input type="checkbox"/> Designer	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting	
<input type="checkbox"/> Supervising Professional	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting	
<input type="checkbox"/> Other _____		
Business Name (if applicable)		
P O BOX		Zip Code
City		State
Phone Number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home	
Fax number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home	
Internet/E-mail Address		
Signature (if applicable)		

Owner Information (Customer 2)

Individual (or business contact)		
(First)	Middle	Last, (Suffix)
Customer Type (check all that apply)		
<input type="checkbox"/> Owner/Owner's Agent	<input type="checkbox"/> Payer (on check)	
<input type="checkbox"/> Designer	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting	
<input type="checkbox"/> Supervising Professional	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting	
<input type="checkbox"/> Other _____		
Business Name (if applicable)		
P O BOX		Zip Code
City		State
Phone Number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home	
Fax number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home	
Internet/E-mail Address		
Signature (if applicable)		

Requesting Party (if different than designer) (Customer 3)

Individual (or business contact)		
(First)	Middle	Last, (Suffix)
Customer Type (check all that apply)		
<input type="checkbox"/> Owner/Owner's Agent	<input type="checkbox"/> Payer (on check)	
<input type="checkbox"/> Designer	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting	
<input type="checkbox"/> Supervising Professional	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting	
<input type="checkbox"/> Other _____		
Business Name (if applicable)		
P O BOX		Zip Code
City		State
Phone Number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home	
Fax number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home	
Internet/E-mail Address		
Signature (if applicable)		

Other (Please specify) (Customer 4)

Individual (or business contact)		
(First)	Middle	Last, (Suffix)
Customer Type (check all that apply)		
<input type="checkbox"/> Owner/Owner's Agent	<input type="checkbox"/> Payer (on check)	
<input type="checkbox"/> Designer	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting	
<input type="checkbox"/> Supervising Professional	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting	
<input type="checkbox"/> Other _____		
Business Name (if applicable)		
P O BOX		Zip Code
City		State
Phone Number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home	
Fax number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home	
Internet/E-mail Address		
Signature (if applicable)		

9. Certified Agent Municipalities Authorized by the State to Conduct Plan Review

Per S. COMM 50.21, the City of Eau Claire has been certified to review plans for new buildings containing less than 5,000 sq. ft.; total area; additions to existing buildings where the total area after construction of the addition is less than 5,000 sq. ft.; and alterations to existing buildings where the area of altered space is less than 10,000 sq. ft. If your project is located within the limits of the City of Eau Claire, and meets the size criteria, submit a complete set of plans and payment to our office. For information regarding the City of Eau Claire Plan Review, call 715-839-4947.

10. Fee Calculations Instructions

FEE SCHEDULE SUMMARY

Effective January 1, 2009

Building, heating and ventilation, lighting plans. NOTE: Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration.

AREA: The area of a building is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total gross floor area is the summation of all the floor levels, including mezzanines.

FEE SCHEDULE - PLAN REVIEW

Area (square feet)	Building/Lighting and HVAC	Building ONLY	HVAC OR Lighting Only
Less than 2,500	\$410	\$290	\$195
2,501 - 5,000	570	350	260
5,001 - 10,000	800	550	280
10,001 - 20,000	1160	750	405
20,001 - 30,000	1,635	1105	550
Areas greater than 30,000 square feet - Fees will be the same as COMM 2.31-2			

A fee reduction may be taken for plans involving **multiple identical buildings** located on the **same site** and **submitted at the same time**. The fees for the submittal of building, heating and ventilation plans for the first building shall be determined in accordance with the above table on the basis of the total gross area of one building. The fee for each of the remaining identical buildings shall be computed on the basis of an area of less than 2,500 square feet.

Miscellaneous Plans	\$290	Miscellaneous plans include: grandstand; bleacher; exhaust system & spray booth docks; antennas; observation towers; structural plans submitted as independent projects and other submittals not listed.
Revision to Previously Reviewed, But Not Denied, Plans	\$145	No fee if revision requested by plan examiner.